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ABSTRACT

The exploratory study described the etiology of child abuse and neglect among Mexican American migrants and provided a brief assessment of services rendered to clients. The frequencies of specific traits and behaviors were tallied to trace some generalized social situations and trends. Data were obtained primarily from 140 files, most of which contained detailed logs and extensive narratives on the life experiences of Mexican American migrant families. Another 53 "emergency," preventive-type short cases were included. A total of 193 cases, written from 1975 to 1978, were examined. Data were categorized as demographic variables; definite situations (e.g., home environment, whether the nuclear family had the support of the extended family); and specific behaviors (e.g., severity of child abuse/neglect). The services were categorized as preventive, supplemental, and substitutive. Analysis was based on the adequacy of services actually provided. Findings included that: child abuse and neglect seemed to be more the result of social deprivation than the result of psychological deprivation; among migrants, it was likely that most neglect occurred during the in-stream season and most abuse when the nuclear family traveled alone; and traditional, "stationary" services geared to serve a sedentary population, were not generally useful to transient people. (NQA)

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CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICAN MIGRANTS

A STUDY OF CASES

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CHILD ABUSE AND NEGLECT AMONG MEXICAN AMERICAN MIGRANTS
A STUDY OF CASES

Prepared by

THE TEXAS MIGRANT COUNCIL
NATIONAL RESOURCE CENTER ON CHILD ABUSE/NEGLECT FOR
MEXICAN AMERICAN MIGRANTS

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We wish to express our thanks and appreciation to all those who participated in, and cooperated with, our efforts to develop this product.

The dynamic involvement of TMC's Migrant Child Abuse and Neglect Prevention Project staff, from caseworkers through supervisors and Project Director, made this work possible.

Particularly crucial and appreciated are the contributions of the project caseworkers whose written accounts and records of their experiences in working with the migrant families provided the data for this study.

The following was the staff of TMC's former Child Abuse and Neglect Prevention Project, (1975 – 1978).

Mario Bermea	Project Director
Hilda Moreno	Supervisor
Juanita Esquivel	Supervisor
Juan Mendoza	Caseworker
Omega Ledesma	Caseworker
Roberto Gamez	Caseworker
Diana Salazar	Caseworker
Lidia Mendoza	Caseworker
Rogelio Coronado	Caseworker
Jose Vargas	Caseworker
Reynaldo Rubio	Caseworker
Evaristo Mancha	Caseworker
Silvia Moreno	Caseworker

We sincerely hope that this study will serve its intended purpose of increasing knowledge about and understanding of the problem of Child Abuse and Neglect in regards to the Mexican-American migrant community.

Oscar L. Villarreal
Executive Director
Texas Migrant Council

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CHAPTER I

Introduction

INTRODUCTION

Child Abuse and Neglect has become a disturbing social problem to the American public consciousness. This problem appears to be more the product of social conditions than the manifestation of individual proclivities, more the expression of a troubled society than the actions of troubled individuals: in a culture of violence, both the abuser and the abused are the victims. Child abuse and neglect is indeed one of the most serious social pathologies of our time.

Child abuse and neglect is a complex phenomenon; it involves many causative variables. So far, academicians and practitioners have confronted the malaise by combining an interdisciplinary approach on the theoretical side with the field experiences of service providers on the practical side. However, despite these efforts, attested by the growing literature on the subject, most child abuse and neglect preventive and treatment programs are still in the pioneer stage of development. There is, simply, a scarcity of hard data. Much research is needed from which to draw sound conclusions for effective programs.

The paucity of concrete research on child abuse and neglect is felt nation-wide, but it becomes obvious in the case of Mexican Americans in general, and even more so in the case of Mexican American migrant workers in particular. Very little has been written about the prevalence and incidence of child abuse and neglect among this population; this limitation has prompted the Texas Migrant Council's National Child Abuse and Neglect Resource Center for Mexican Americans to initiate some studies conducive to yield concrete data that could provide insights for planning and guidelines for better service delivery. This study is the product of that concern.

The Texas Migrant Council is one of the most active farm-worker organizations in South Texas. The main purpose of TMC is to provide comprehensive services and referrals to migrant families in need of assistance. During 1975 - 1978, TMC operated the Migrant Child Abuse/Neglect Prevention Project. This was a service delivery program that worked in coordination with the Texas Department of Human Resources in order to help in the prevention and treatment of child abuse and neglect among Mexican American migrants. However, since 1978, and thanks to a grant from the National Center on Child Abuse and Neglect of the Department of Health and Human Services Children's Bureau, TMC began to sponsor the National Resource Center of Child Abuse and Neglect for Mexican American Migrants. The purpose of the Resource Center is to provide training and general technical assistance to professionals and agencies serving Mexican American families. Another function is to provide community education and dissemination of information concerning the identification, prevention and treatment of child abuse and neglect among migrants.

During the time that the TMC-CA/N project operated as a service delivery program, a number of migrant families were served and files of each case were kept. In 1979, Mr. Mario Bermea, Director of the Resource Center, decided to put such files to use by requesting the Department of Sociology of Laredo State University for technical assistance in the analysis of such files with the aim of getting an overall picture of such valuable field experiences. The idea was that a content analysis of the files would: (a) identify the most salient social variables that directly contribute to the incidence and prevalence of child abuse and neglect among migrants, (b) reveal the many modalities that child abuse and neglect take in this population, (c) describe the modes of individuals coping with the problem, (d) identify the community resources available to migrant families, and (e) assess the quality of service delivery to the clients. The general expectation was that a study based on concrete cases would yield conclusions that would complement the field observations of the service providers.

Indeed the files would unfold the histories of migrant families under stressful situations (e.i., lack of adequate food, shelter, medical attention, etc.) and the ensuing personal crisis that usually led to either child abuse or neglect, or both. Each one of the files is unique and personal. Some of

them reveal dramatic incidents; most of them describe routine actions; but all of them contain genuine human events. These are real cases about real people written by professionals for professionals; yet, when the cases are taken in their totality, some limitations become manifest.

First, the cases are not about Mexican Americans in general, but about Mexican American migrant workers in particular. Second, the cases do not represent a sample of the Mexican American migrants in their entirety, but only for those persons who have been served by TMC's Child Abuse and Neglect Prevention Program. Third, although most cases are rich in details and contain extensive narratives, not all forms were filled and some files lack descriptive materials. In sum, many of the files represent cases about a particular population.

Nevertheless, despite these limitations the files constitute a rich source of data. When the cases are taken in their totality, they reveal some significant social facts. Many of these facts are familiar to the counselors and caseworkers serving Mexican American migrants, but some others undoubtedly point to areas of concern not previously dealt with in the current literature on child abuse and neglect. Although the range of generalizations derived from this study should take into account the limitations of the sample, the study provides some insights into a hitherto neglected area of research. If this work stimulates further research on the questions raised here, it will have fulfilled its main purpose.

CHAPTER II

Method

METHOD

The bulk of the data for this study comes from 140 files. Most of these files contain detailed logs and extensive narratives on the life experiences of Mexican American migrant families. Another 53 "emergency," preventive type short cases were included in the analysis. Altogether, 193 cases were examined.

The cases were submitted to content analysis. It was necessary to derive quantitative data out of basically qualitative information by tallying the frequencies of specific traits and behaviors with the aim of tracing some generalized social situations and trends.

Several valid systems for ordering the data were considered, but after a perusal of some of the cases, the present system of categorization was adopted:

1. The study attempts to describe the *etiology* of child abuse and neglect among migrants. In this respect, the system includes:

   a) Demographic variables (e.g., age, place, family size, etc.)

   b) Definite situations (e.g., home environment, whether the nuclear family has the support of the extended family, etc.)

   c) Specific behaviors (e.g., severity of child abuse/neglect, etc.)

2. The study presents a brief *assessment of services* rendered to the clients. Services were categorized as:

   a) Preventive

   b) Supplemental

   c) Substitutive

Although the files describe the kinds of services extended to and utilized by the clients, this analysis is based on the adequacy of services actually *provided.*

3. All the categories used for analysis were exhaustive and mutually exclusive; that is, all possible demographic variables, situations and specific behaviors were considered for each case, and only one attribute was selected for each variable (e.g., respondent was either male or female, neglect was either potential, mild, or severe, etc.).

4. Although most cases were under the name of the head of household, some cases had the name of a minor, the client who prompted intervention. In any event, this study considers the whole family as the unit of analysis.

The files were written by TMC caseworkers from 1975 to 1978. Most cases were closed in less than one year; yet the time span of some cases extended up to three years. Although most cases centered around a *home based* clientele, some cases were written *in-stream,* as the TMC social workers followed the migrants up north during the harvest season. Some accounts were written by one caseworker, but others show the signatures of up to three caseworkers. All reports appear to be closely supervised.

The typical case contained the following forms:

Intake Sheet	Social History	DPW Correspondence
TMC Monthly Report to DPW	TMC Family Services Fact Sheet	Police Report
Goals for Case	Client Intake Form	Medical Report
Family Services Plan	(CPI Assoc., Inc.)	Narrative
Family History	Referrals Form	

However, not all these forms were filled out in all cases; it all depended upon the nature of the case, inter-office communication gaps, the client's lack of documentation, etc. The result is that some files lack the necessary uniformity for standardized data analysis. The quantitative data of this study are reduced to percentages; yet these percentages may have a different numerical base, depending upon the availability of data for particular categories.

Despite the fact that this is an exploratory study, the questions on the validity and reliability of the findings were a constant concern. Regarding the validity of the sources, it appears that all the cases were genuine renderings of the life experiences of the clients as perceived by professional social workers. These perceptions were usually supported by some pertinent documentation from other agencies, attached to the reports. In the same vein, just about every significant step in the helping process, from the opening to the closing of the case, was checked up by the supervisors, as attested by their signatures. Another point that supports the accuracy, and probably the validity, of the files is the fact that they were first-hand reports written by professionals keeping in mind other professionals (e.g., doctors, lawyers, judges, counselors, etc.) who might have intervened in a particular case. Regarding reliability, it is pertinent to say that there is no claim that the system of categorization used here is the best for this kind of study; yet there is the confidence that any impartial investigator using the same documents and the same system of analysis would arrive at the same conclusions.

Nevertheless, the fact that the sample is selected not random, puts some limits to the generalizations of the findings. For instance, the files depict primarily the life situations of those *Mexican-American families requesting aid*, a selected group. The life experiences of this group as a whole may or may not be representative of the life experiences of *Mexican-American migrant's in general.* However, the files are not limited to those persons who voluntarily asked for help, but also contain clients "discovered" by caseworkers as well as referrals from other agencies. The sample is then a mixed group, although its degrees of representativeness of the Mexican-American migrant population is unknown; therefore, the findings and the conclusions of this study remain tentative. After all this is only an empirical study trying to break new ground.

CHAPTER III

Findings

FINDINGS

THE ETIOLOGY OF CHILD ABUSE AND NEGLECT

Contrary to prevailing stereotypes, the "typical" Mexican-American migrant family does not exist, and indeed reading the files often reveal that there is diversity among migrants. Yet, the files also reveal a number of common demographic and social attributes that characterize the groups as a whole. It is this latter aspect that will be emphasized in this analysis, using, however, individual cases to illustrate distinctive social trends.

The family is the unit of analysis in this study, although some of the variables used here only refer to the social characteristics of the head of household (respondent).

DEMOGRAPHIC CHARACTERISTICS

The majority of the files (60%) were either under the name of the father or it was the father who provided most of the information, as described in Table 1. However, the group begins to show its gloomy distinctiveness when it is revealed that 40 percent of the clients were mothers requesting public aid. This situation is one indication of family distress, as will be shown below.

TABLE I
GENDER OF THE RESPONDENTS

	Number	Percent
Male	116	60
Female	77	40
TOTAL	193	100

TABLE 2

AGE GROUPS OF THE RESPONDENTS

	Number	Percent
Under 21	3	2.4
21 - 30	37	29.8
31 - 40	47	38.0
41 - 50	22	17.7
51 - 60	12	9.7
61 - 70	3	2.4
TOTAL	124	100.00

The median age for the group as a whole was 35 years old, a peculiar fact. Table 2 indicates that about one-third of the respondents were under 30 years old. This group characteristic seems to be atypical since according to the best estimates over 60 percent of the migrant workers in the nation are under 25 years old (Porteous, 1977:5). This particular sample is then comparatively "older" than the migrant population in total.

TABLE 3

MARITAL STATUS OF THE RESPONDENTS

	Number	Percent
Married	77	60.63
Common-Law	7	5.51
Divorced	10	7.88
Separated	15	11.81
Deserted	2	1.57
Widowed	11	8.66
Single Parent	5	3.94
TOTAL	127	100.00

Table 3 shows a disturbing picture with respect to family stability. Only two-thirds of the families seemed to be stable or complete (including 5.5 percent of families based on common-law marriage); the remaining one-third of the families were headed by a single parent, usually the mother.

The number of persons per family for this particular group of migrants was unusually high, as indicated in Table 4. The average number of children per family was 4.93. Only 30 percent of the families had from one to three children, and correspondingly 70 percent of the clients had four children or more. In the same vein, over 25 percent of the families had seven children or more and 3 percent of the clients reported having ten children or more. One family had fourteen children. The head of this family complained of overcrowdedness, with sixteen members, including one handicapped child, and the whole family migrated northward to work in the fields.

TABLE 4

NUMBER OF CHILDREN IN THE FAMILY

Children per Family	Number of Families	Total Number of Children	Percent of Families
One	8	8	5.97
Two	15	30	11.19
Three	17	51	12.68
Four	22	88	16.41
Five	19	95	14.18
Six	19	114	14.18
Seven	19	133	14.18
Eight	6	48	4.48
Nine	5	45	3.73
Ten	1	10	0.75
Eleven	1	11	0.75
Twelve	0		
Thirteen	1	13	0.75
Fourteen	1	14	0.75
TOTAL	134	660	100.00

Overall, the average number of persons per family for this particular group was 6.2, a high figure even when compared with the migrant population in general. According to a study conducted by InterAmerica Research Associates, the average family size for migrants is 5.4 members (Porteous, 1977:5). In 1978, the mean number of persons per family of Mexican origin was 4.06, compared to 3.31 members per family not of Spanish origin (*Current Population Reports*, March 1978). Undoubtedly, migrants with unusually large families are under severe economic and social stress, promoting them to seek public aid, hence the skewness of the sample under study.

Tables 5 and 6 indicate the residence of the clients at the time of delivery of social services. The nature of their work forces migrants to become a transient population. When they declare a home base, only a small number of migrant families are likely to have roots in their communities;

most other migrant families move from place to place, and often from barrio to barrio within the same community. This transience contributes significantly to accentuate family distress. The tables only show the current residence of the clients. Only a few of the files indicated the length of residence in the home base, but this information was negligible.

TABLE 5

RESIDENCE OF RESPONDENTS AT TIME OF SERVICE DELIVERY

STATE OF TEXAS

County	No. Of Cases	City/Town	Number of Cases		
Uvalde	3	Uvalde	2		
		Sabinal	1		
Maverick	18	Eagle Pass	18		
Zavala	1	Crystal City	1		
Frio	11	Moore	2		
		Dilley	5		
		Pearsal	3		
		Frio	1		
Dimmit	19	Carrizo Springs	14		
		Big Wells	3		
		Asherton	2		
La Salle	14	Cotulla	13		
		Encinal	1		
Hidalgo	85	McAllen	9	Mercedes	3
		Pharr	3	La Villa	4
		San Juan	2	Progreso	1
		Elsa	3	Hargill	2
		Donna	5	Alamo	5
		Edcouch	3	Edinburg	4
		Weslaco	32	Hidalgo	6
		Mission	3		
Willacy	5	Raymondville	3		
		Sebastian	1		
		Lyford	1		
Cameron	12	San Benito	1	La Feria	1
		Brownsville	5	Santa Rosa	1
		Harlingen	4		
Kimble	1	Junction	1		
Milam	1	Cameron	1		
Yoakum	1	Plains	1		
TOTAL	171		171		

TABLE 6

RESIDENCE OF RESPONDENTS AT TIME OF SERVICE DELIVERY

OTHER STATES

States	Number of Cases	County & Site	Number Of Cases
Illinois	6	Vermilion:	
		Hoopeston	6
Michigan	4	Berrien:	
		Berrien Springs	3
		Benton Harbor	1
Wisconsin	9	Jefferson:	
		Palmyra	5
		Waukesha:	
		Clyman	1
		Eagle	1
		Walworth:	
		Whitewater	1
		Dodge:	
		Beaver Dam	1
Ohio	2	Wood:	
		Grand Rapids	1
		Henry:	
		McClure	1
Florida	1	Hillsborough:	
		Tampa	1
TOTAL	22		22

The services provided by the Texas Migrant Council's Child Abuse/Neglect Prevention Program covered a wide area during 1975 - 1978. Examining only the files available for this study, 171 families were served in Texas, and another 22 families were served in other states, as indicated by Tables 5 and 6. In the state of Texas most of the families (60%) were concentrated in the Rio Grande Valley, preferring to live in nonmetropolitan areas. For instance, 32 families resided in Weslaco, 18 in Eagle Pass, 14 in Carrizo Springs, etc. When the families moved out of the state for seasonal work, their files were transferred to the migrant centers organized by TMC in the states where the migrants were working in order to maintain continuity of service. But, in addition to this "in stream" delivery of social services, the files show that there were twenty-one families actually living in northern states (Wisconsin, Illinois, Michigan, and Ohio), and one family in Florida.

TABLE 7

RELIGIOUS PREFERENCE OF THE RESPONDENTS

	Number and Percent
Catholic	95
Protestant	5
TOTAL	100

Of those families who indicated their religious preference, 95 percent identified themselves as Catholic and 5 percent as Protestant, as shown in Table 7. Among the latter group, there were two Methodists, one Baptist, one Jehovah's Witness, and one Mormon. The proportion of Protestants to Catholics for this particular group of Mexican American migrants corresponds to the national trend observed for Mexican Americans in general (Grebler et al. 1970:487). The files do not indicate the degree of religiosity of the clients nor the forms that their religious expression take (e.g., formal, nominal, folk beliefs), but it is likely that all degress and forms of religious experience are found in this group. The role of religion in influencing the daily lives of Mexican American migrant workers could not be discerned from the readings of the narratives in the files. This is an area needing further study.

SOCIOECONOMIC CHARACTERISTICS

Two important items of information were generally missing from the files: the income and the education of the head of household. A few cases contained information on income but this item was eliminated from the analysis when inconsistencies were noticed even in the same file. However, it is important to point out that, judging from a careful reading of the narratives, the great majority of the families were under great financial strain despite some limited access to supplemental income programs like food stamps, social security, etc. The migrants were not covered by unemployment insurance. Many families were ineligible for the Aid to Families with Dependent Children program and even excluded from such programs as Medicare and Medicaid, as illustrated in the following account:

> ■ The client, a man of 34, suffered a car accident two weeks ago. He is taking medication for pain. He works in Michigan but left his wife and seven children in Florida. Client has no social security benefits, no health insurance, no Medicaid and no food stamps.

The Emergency Food Assistance program was sometimes implemented in the most peculiar way, as in the following case:

> ■ A family with six children live in precarious conditions. But now Mrs. F has received her food stamps card. However, they have no money at the present time to buy their food

stamps. They have no food at home. Mr. F will not be paid until Tuesday afternoon. Their food stamps will not be sold after Tuesday since it is the last day of the month. Family would like to know if the County Judge can lend them half the amount of money they need to purchase their food stamps . . . County Judge Henry Potthast was able to assist the family with the amount of money that they needed to purchase their food stamps.

According to reliable estimates, the average hourly rate paid to farmworkers is less than the the average hourly wage of industrial workers. In 1974, the average annual income for migrant workers was less than $1,700; income from other work brought total annual income to about $3,100 (Cavenaugh et al. 1977:5). In the same year, the poverty level was $5,038 for a nonfarm family of four (*Current Population Reports*, 1976).

Lack of money was the recurring theme in all cases. The mere fact of requesting public assistance, whatever the situation that prompted intervention (e.g., medical, housing, educational, etc.), indicates that a family was in dire need of financial help. There is the probability that clients who requested public aid would not report all of their sources of income, but on-site observations by the caseworkers generally tended to confirm the migrants' plight.

Mexican Americans are a proud people. Traditionally, the extended family has been the source of any kind of help; and even among the poor, requesting assistance from an agency has been a last resort. In general, when Mexican Americans requested public assistance, they did so at a great psychological investment (Berrios 1979, Porteous 1977).

Some families did extremely well with limited resources, as indicated by the following account:

- The family (of nine persons) is in desperate need of assistance: medical, food, clothing, shelter, day care center for the two younger children . . .
  I have been very impressed with the way the family has been able to struggle with such a small income, $45.00 weekly (in 1976) for nine in the household . . . She tries to keep her shack tidy and clean and keep the children fed with what little she and her husband can provide.

Some assistance was provided to this family and the case was closed, a few months later, with a happy ending: "Noticeably better. Living circumstances have improved. Children's supervision is excellent. School truancy is nil. Clothing is o.k. and food is adequate and properly prepared." However, the impact of poverty on some families reaches the state of disorganization, as illustrated in the following narrative:

- Two girls, 5 and 7, were reported to be neglected by their parents. Both were found very dirty, with lice, and with irregular school attendance . . .
  Mother appears to be mildly retarded . . .
  Father reportedly squanders SSI and AFDC checks and does not provide for family needs . . . They move frequently . . . There is only one bed in the house.
  One girl has a serious eye problem, the other has a

suspicious heart murmur. Parents do not keep medical appointments . . . House has no running water . . . Family has no transportation . . . Father reportedly beat up his wife and one girl . . . Wife is afraid of husband.

The situation of this family improved somewhat after several months of various kinds of help and counseling. Similar cases are revealed in some of the files, as will be shown below.

Most files did not contain information on the years of school attended by the head of household; when such information was present, it indicated "less than 8 years of school." Some files even indicated the head of household's illiteracy. The low formal education of Mexican-American migrant workers is a special case of a pervasive trend observed in the Mexican-American ethnic group in general. In 1978, persons 25 years old and over who had completed less than five years of school, amounted to 23 percent for Mexican Americans and only 3 percent for persons not of Spanish origin (*Current Population Reports*, March 1978).

In general, there is a direct relationship between income and education and this is glaringly manifested in the case of Mexican-American Migrant workers. The correlation of low income and low education results in higher unemployment rates among migrants during the off season. Some families rely on their migration earnings to help them survive during the months they stay at home. But most adults in the family frequently look for work in their communities soon after they return from the fields. For instance, the files show that 15 heads of households went to TMC in search of "any kind of job," as indicated in the following example:

- A man, 23, is permanently disabled, due to polio disease on lower part of his body, which allows him to walk only with the use of crutches. He is willing to work. He is asking for vocational rehabilitation.

Many cases that were labeled "child neglect" by the social workers were traced to the family's lack of resources, which in turn were attributed by the respondents themselves to their own unemployment.

Most migrant workers are not prepared to compete in the urban job market. Only eight persons indicated that they were skilled in something more than farm work. Thus, there were two truck drivers, one carpenter, one oil field worker, one cook, one construction worker, one waitress, and one gas station owner (formerly a migrant worker). There were also five men who were mechanic's apprentices; the rest were simply "farm workers." Their lack of marketable skills other than farm work, their low formal education, their low command of English, and their constant occupational mobility militate against the probability of their ever getting other work skills and thus leaving the migrant stream.

TABLE 8
RESPONDENTS' HOME OWNERSHIP

	Number	Percent
Own	27	34
Rent	49	62
Living with Relatives or Friends	3	4
TOTAL	79	100

Another indicator of the pervasiveness of poverty is the extent of the clients' home ownership. Table 8 shows that only one-third of the respondents claimed to be home owners. About two-thirds were tenants, and three mothers indicated that they and their children live with friends or relatives for lack of living space of their own. A frequent complaint voiced by many respondents was their inability to meet their rental payments on time, thus becoming subject to threats of eviction, as described in the following notes:

- Landlord wants to evict family (with six children) for nonpayment of rent. Water has been cut off. Father is unemployed. One child if not attending school because he lacks shoes.

- A family with four children needs housing. Parents are illegal aliens and do not want to apply to any social services for fear that they will hinder their (citizenship) legalization papers.

- The whole family (with seven children) suffers from chronic and severe neglect. They lack food, clothing, medical attention (a child is anemic), inadequate housing, and some of the children are not attending school . . . Financial assistance, day care, medical assistance, and furniture have been provided. Father works as a truck driver, but neglects family. Family is on the verge of being evicted (six months behind in rent) . . . (After intervention) children are in foster home. There is limited improvement in the home . . . Mother is too dependent on husband for economic support.

TABLE 9

AVAILABILITY OF WATER AT THE RESPONDENTS' HOME

	Number	Percent
Have cold water only	52	62
Have cold and hot water	5	6
Do not have running water	27	32
TOTAL	84	100

The files do not contain information on the type of dwelling occupied by the family (e.g., house, apartment, mobile home, or shack). Instead, the quality of their living quarters is indicated by the availability of running water in the home. Table 9 shows that about one third of the respondents indicated that they did not have running water in their home. However, this information is not very consistent in the files as some families tended to move to more comfortable habitations during the service process. Nevertheless, some families moved to places still lacking water connections. They bought the water from cisterns or from wells located nearby in the neighborhoods.

The scarcity of water at home contributed greatly to the neglect of the children's hygiene, thus aggravating their actual ailments or jeopardizing their health.

TABLE 10

CONDITIONS OF HOUSE EXTERIOR

	Number	Percent
Above Average	1	1.13
Average	35	39.77
Deteriorated	37	42.05
Dilapidated	15	17.05
TOTAL	88	100.00

The quality of housing for migrants is shown by another indicator - mainly, the conditions of the house itself, as shown in Table 10. The information is based on the caseworkers' perceptions of the conditions of the clients' house exteriors. Accordingly, about 41 percent of the families maintained adequate houses, but 42 percent of the families lived in deteriorated houses (needing repair), and still another 17 percent of the migrants lived in dilapidated houses (falling apart). Only a few cases contained information on the conditions of the house interior, but these data were negligible. However, the narratives vividly depict the deplorable conditions of some houses: "unkept house," "inadequate furniture," "crowded," "unsanitary living conditions," were the most frequently labels for those houses.

There is scarcity of data regarding the fit between housing facilities and family needs. Only five respondents stresses the need for more living space. This is certainly an admission by the clients themselves about their overcrowded housing conditions, as illustrated in the following account:

> ■ The home appeared to be very broken down. It was very bare and it is a very small house for eleven members of the family to live in. The house consists of only two rooms: a small kitchen and a small bedroom. They only had one bed and a couple of mattresses . . . They (the couple) seem to be very concerned and considerate towards each other's feelings . . . The TMC helped this family to build one extra room, provided transportation, bought glasses for boy, and reminded the family about their immunizations, (among other services).

However, the caseworkers' reports bear witness to the fact that most families of the group under study lived in overcrowded houses even if there was not overt complaint by the families themselves.

Three families in the group did not have a place of their own.and therefore had to share living space with their friends or relatives, as in the case of a single mother with two children:

- The boy, five months old, was admitted to the hospital for failure to thrive. The mother is not married and she is having problems finding a place to stay. Right now she is staying with a lady whom she knows. Because of moving around a lot, she is unable to receive AFDC assistance and she is unable to buy the things she needs for her children.

In some instances, several agencies coordinated their efforts to make possible an Emergency Housing Assistance program for migrants. The following case is not unique, as at least five more families in the group found themselves in similar situations:

- Parents are separated. Mother and five children need emergency housing. Mother leaves younger children under the care of D, who is 10 years old . . . There is irregular school attendance of two boys . . . At time of referral the family had no place to stay and were staying at the park. DPW referred this case to us. The family moved from Edinburg to Uvalde after the death of a relative . . . Children have been neglected.

It appears, then, that substandard dwellings greatly contribute to the perpetuation of child neglect.

Only 48 files contained information on housing conditions in the fields, as perceived by the migrants themselves. In this subgroup, 60 percent of the respondents said that they lived in houses provided by the growers, 27 percent said that they were housed in barracks, and the remaining 13 percent said that they were accomodated in trailers, apartments and even a cabin. Although some of the families who were located in houses said that the services (e.i., electricity, running water at home, availability of private kitchen and private bathroom facilities) were adequate, 38 percent of the respondents said that they did not have private sanitary facilities, 8 percent said that they did not have running water in the house, and at least two families complained that they did not have electricity. Persons who stayed at the barracks encountered more stringent limitations in their living quarters. Generally, water was available from a common source for the benefit of all the families. They also have to share sanitary facilities with other families at the camp. In one case, the respondent revealed that 17 persons managed to live in one room. Significantly, most of the respondents said that the housing conditions at the camps have improved over the years.

In addition to their economic woes, which they generally share with their fellow ghetto dwellers, the migrants' occupational mobility imposes on them a life style that is unique, far removed from the way of life of other Americans, and even different from the life experiences of other urban and rural poor. The migrants' frequent travel in search of jobs is a way of life that at best tends to hinder their personal development and at worse tends to foster family disorganization. Fortunately, the Mexican Americans' ancestral culture and their strong sense of family cohesion act as counteracting forces that tend to lessen the impact of disrupting social situations. In fact, some families have adapted themselves extremely well to their environment of privation without breaking apart or even becoming disorganized. Some other families, however, have been unable to cope with their sundry problems and have collapsed at the weight of uncontrollable situational pressures. It is important, then, to examine the migrants' occupational mobility patterns in order to gauge their impact on family life. Unfortunately, the files do not contain information on this variable. The closest data available in this respect are the forms of migration that families undertake and years spent in the migration stream.

TABLE 11

FORM OF MIGRATION BY THE RESPONDENTS

	Number	Percent
Family migration	37	54
Group migration	31	46
TOTAL	68	100

Table 11 indicates that 54 percent of the respondents said that they travel with their families in most occasions, while 46 percent travel in relatively larger groups. The latter are composed of two or more families (usually related) and friends, generally under a crew leader. Some caseworkers have advanced the observation that the incidence and prevalence of child abuse and neglect among migrants is greater in those families that travel by themselves compared with those families that travel in groups. Although this seems to be a plausible correlation, it could not be determined from the data at hand, as will be shown below.

TABLE 12

RESPONDENTS' YEARS IN THE MIGRATION STREAM

Years	Number	Percent
1 - 3	9	10.23
4 - 5	8	9.10
6 - 8	13	14.77
9 - 11	1	1.14
12 - 14	4	4.55
15 - 17	0	
18 - 20	2	2.27
Over 20	3	3.41
"Many years" (unspecified)	42	47.72
"A lifetime" (unspecified)	6	6.81
TOTAL	88	100.00

Table 12 shows the respondents' years in the migration stream. The great majority are veteran traveling farmworkers. The narratives reveal that the more years spent in the migration stream, the more rigid becomes the migrants' life style. Although the files do not give explicit information on the respondents' parents' occupation, it is likely that most heads of household in the group come from migrant families, judging from their years in the migration stream. If this is so, the migrant

way of life is not only characterized by a cycle of poverty but it is a veritable subculture in its own right, also transmissible from generation to generation.

The files contain limited information on the duration of the working season. In general, however, the migrants' mobilization begins in March and ends in September, often extending to October. This situation reduces considerably the school attendance of many migrant children.

Although the files disclose that most migrants travel with their families, there is scanty information on child labor. But the TMC caseworkers and counselors who followed the migrants to the fields confirmed that child labor is a widespread practice. Although adolescents perform as well as seasoned workers, it is not uncommon to find even younger helpers in the fields. In this vein, a reliable study reveals that:

> Many children begin to do some work in the fields by age four, and by age ten are expected to carry their own weight and usually drop out of school by age twelve to work full time (Porteous 1977:59).

Another study conducted by the American Friends Service Committee (1971) reports that "one fourth of the farm wage workers in the United States are under 16 years of age."

PERSONAL CHARACTERISTICS

The files consistently show diversity of behaviors among migrants. For instance, some behaviors that are often attributed to migrants (e.g., that they tend to be slow, lazy, dirty, etc.) are certainly stereotypes that at best apply only to a few individuals but are far from characterizing the group as a whole. Rather, although most migrants are poor, they exhibit behaviors that run a continuum that spans from behaviors that are expected to come from a culture of poverty to behaviors generally expected to come from middle class environments. Thus, although most migrants share a similar world of privation, they do not necessarily react to it in a similar manner. Diverse personalities react differently even to the same social stimuli.

It is difficult to trace a psychological profile of the migrant worker. Each case depicts unique personalities. It is safe to point out, however, that poverty, disruption, uncertainty and discrimination are likely to leave scars in the character of even the strongest persons. Although the migrant way of life affects some persons more than others, it is not inconsequential for them all. Only when the migrants' personal characteristics are examined in the context of their social situation, some tentative generalizations are valid. This is what is attempted in this study, with the realization that a selected group of migrants – mainly, those who came to the attention of the state child welfare agency or TMC's Child Abuse and Neglect Prevention Project is being examined. The files provide some information on the clients' characters, often in a sketchy form and sometimes only implied by the narratives.

The first impression that emerges from reading the files is that most Mexican-American migrants manage to keep their sanity despite the heavy physical and psychological blows inflicted by their life situation. Given the high level of environmental stress to which most migrants are subjected, one would expect a correspondingly high incidence of mental health problems among them. Yet, although the unrelenting migrants way of life certainly takes its toll in a variety of mental health problems; it appears to be low for the group under study. Table 13 indicates that 3 out of 20 migrants (adults and children) had a history of mental health problems. Mental retardation and speech impediments were reported for these cases. Surprisingly, there were only

two cases of what appears to be schizophrenia, an affliction that thrives in poor socioeconomic environments. There were no reported actual or attempted suicides. In general, acute mental health cases appear to be few for the group. This is a paradox in need of elucidation.

TABLE 13

MENTAL HISTORY IN THE FAMILY

	Number of Families	Percent
Father's mental history	6	4.3
Mother's mental history	7	5.0
Children's mental history:		
Boys	8	5.7
Girls	0	
No reported mental history in the family	119	85.0
TOTAL	140	100.0

Many factors may be accounted for in the explanation of the relatively low incidence of acute mental health problems among the migrants of the group under study. First, it is likely that not all mental health cases for the group were detected by the service professionals. Second, it is also likely that if the cases were detected, not all of them were reported. Third, there is also the probability that if reported, not all persons underwent treatment due to the clients' constant occupational mobility that impedes continuity of service. Fourth, there is the fact that many migrants tend to underutilize medical services because of language and cultural barriers, lack of transportation, lack of outreach services, etc. All of these factors, added to some bureaucratic entanglements like loss of records due to the clients' transiency, may have contributed to the undercount of actual mental health cases among the migrants. Yet, it is also probable that the Mexican-American ancestral culture may have intervened as a shield to protect the migrants from utter personal disorganization. This is another area in need of further research. These observations for the group can be ascertained only when reliable, comparative observations on the mental health problems of migrants in general are documented.

On the other hand, mental ailments that do not otherwise impede the normal functioning of the individual were numerous among the migrants. The most commonly reported complaints were "low spirits" (depression), headaches, nervousness and irritability. Although the files do not mention that these ailments increase when the migrants were instream, this is most likely the case. Social workers have observed that stress and anxiety among migrants become manifest when they leave their communities to work in the fields, usually out of state. Some migrants may even experience culture shock, despite the fact that they too are Americans. Transiency, language difficulties, and actual or perceived discrimination are likely to contribute to their state of anxiety.

Since most of the files were written when the migrants were at their homebase, they may depict the clients' more relaxed state of mind despite their need for public assistance.

Focusing now in those cases that report no mental history in the family (85%), the surprising finding is that some, but not all, persons in this subgroup exhibited negative self-concepts. Despite their insurmountable problems, most migrants in this subsample exhibited little overt frustration. Are the migrants conditioned to accept the crudities of life with little or no complaint? Despite their social isolation, very few exhibited feelings of personal rejection. Does family solidarity act as a corrective to the negative effects of transiency, social isolation and discrimination? Despite their fears and worries most migrants managed to maintain their composure and tended to accept life in a stoic manner. Alienation was certainly present in most cases, but this is the kind of alienation that did not usually lead toward despair and total personal disorganization. To illustrate, most persons who abused and neglected their children, were able to regain their sense of self-respect and family integrity after sustained counseling. However, a few families did not benefit from counseling and remained disorganized with the sequela of child abuse and neglect, as will be shown below.

TABLE 14

MEDICAL HISTORY IN THE FAMILY

	Number of Families	Percent
Physical disability:		
Parents	4	2.9
Children	9	6.4
Illness (general):		
Parents	29	20.7
Children	38	27.2
Alcoholism:		
Parents	6	4.3
Children	0	
Drug Abuse		
Parents	2	1.4
Children	3	2.1
No reported medical history in the family	49	35.0
TOTAL	140	100.0

Compared to the reported mental health problems, the general medical record of the group is more dramatic. Table 14 shows that only about one-third of the families reported having no medical history, and were persumable healthy. Most migrant families, then, were prey to a number of ailments that commonly afflict poor people. Blindness, deafness, heart trouble and polio were the most common physical disabilities for 9 percent of the respondents. The most common illnesses afflicting 27 percent of the children were dehydration, failure to thrive and severe malnutrition. Over 20 percent of the adults had their share of ailments that included cataracts, diabetes, backaches, sinus, etc. The reported cases of alcoholism seem to be quite low (4.3%). The figures refer to those cases that have been identified as such by the health professionals; they do not refer to cases of drunkenness. One interesting finding is that almost all of the reported cases of alcoholism and drunkenness refer to men. There was only one case of a woman who drank heavily, a lonely mother who often neglected her five children. Drug abuse also seems to be low (3.5%) but there is not certainty that all cases were detected. In general, these were the most salient maladies tormenting the group of migrant families, those ailments that attracted the attention of the service professionals, and they may not reflect the actual health condition of the clients.

The health condition of this selected group of migrants may not be different from the health condition of migrants in general. "The migrant infant mortality rate is 125% higher than the national rate, as is the maternal mortality rate. The average life expectancy of a migrant farmworker is 49 years as compared to the national average of 70 years" (Porteous, 1977:13). In general, poor nutrition and lack of dental care are prevailing conditions among migrants. According to the Migrant Legal Action Program, "Food Stamps are frequently the sole barrier between them and starvation" *(Eart bound 5.3 (1976:)7)*

The opening of many of the cases under examination was prompted by reports of malnutrition, particularly among infants and youngsters. About 6 percent of the severe malnutrition cases were labeled "medical neglect" because they required medical intervention, even hospitalization. A number of families quietly suffered from lack of adequate food, and in many dramatic instances some families were compelled to ask for public assistance simply because they did not have food at home. Until 1979 persons who otherwise qualified for public assistance had to pay cash for their ration of food stamps. It is precisely for this reason that TMC, in conjunction with other agencies, sponsored the Emergency Food Assistance Program. It is ironic that the very same people who help to put the food on our tables are likely to be the victims of malnutrition.

The files confirm the general observation that Mexican-American migrants are likely to be *crisis oriented* in their approach to health care. In effect, many clients tended to ignore their health problem, sometimes attending them by taking home remedies, sometimes using the services of a curandero, and only visiting a doctor in critical situations – usually when the ailment became acute and demanded sustained treatment. The files contain some dramatic cases of medical neglect of the children, as illustrated in the following notes:

- Boy, 4, possibly may become blind if not given medical attention. Grandmother does not keep medical appointments. Boy lives with grandparents as his parents live in Mexico. Grandparents do not read english.

- Girl, 2 months old, was born anemic and her parents, who are 17 and 18 years old, were instructed at the hospital where she was born that they were supposed to take the child at least once a week to the hospital for a check up. A month passed and they did not take the child to the hospital; as a result, the child started to dehydrate and

was in an advanced state of malnutrition when she was hospitalized by TMC's Child Abuse and Neglect Prevention Project staff.

But not all suffering of children was due to parental negligence, as illustrated in the following cases:

- Boy, 4, has been severely neglected but this was due more to economic reasons than anything else. Parents have done whatever they could within their economic means. Boy needs braces for legs, and crutches. Parents cannot afford treatment . . . Boy will receive help from Easter Seal and Texas Rehabilitation Commission. He will also receive speech therapy. Boy has been steadily improving physically and emotionally. He has adjusted very well to school and appears happy among his classmates. Treatment plan was a success.

- A family (with 7 children) has a 2 year old son who is hydrocephalic and has undergone five operations. There are indications of slow development of the child because of his handicapped condition . . . The medical neglect has been circumstantial. Transportation has been unobtainable to the degree needed by the family. Also, they have no heat in their small dwelling place. The babies have been suffering from cold and bronchitis . . . Landlord will not allow electric heaters because electricity will go up. As far as we could see, the neglect was not intentional but due to economic reasons . . . In addition to transportation, gas tank (bought by TMC and Mission Health Center), clothing, blankets, and baby-sitting services have been provided (so parents could take handicapped boy to the hospital).

Two issues of environmental health, over which the migrants have no control, need to be examined here as they eventuate into instances of child abuse and neglect: pesticide poisoning and accidents with farm machinery.

The files do not mention the prevalence of physical disorders attributed to pesticide exposure, a common occurrence among in-stream migrants. Two reasons may explain the apparent oversight. First, most files (89%) cover the life histories of migrant families while at their home bases, at a time of relative relaxation and when their minds tended to be away from the hardships of their work situation. Second, persons working in fields treated with pesticides might not suffer ill effects for several months, and physicians could mistake the symptoms for another ailment. The Environmental Protection Agency recognizes that many ailments can be traced to pesticide exposure. Some of the symptoms include: headaches, giddiness, blurred vision, nausea, diarrhea, skin rash, respiratory problems, and other discomforts (Cavenaugh et al., 1977:126; Porteous 1977:61; TMC Newsletter, May 1980). Children working alongside their parents, and babies taken to the field and put into cars or boxes, are particularly affected. Even the children left at the camp may be affected as they come in contact with their parents and their clothing impregnated with pesticides. The files report only one case of an accident with farm machinery, leaving a child permanently disabled. These kinds of accidents are not uncommon among migrants who exhibit an on-the-job accident rate three times the national average (TMC 1978). Not all

instances of child abuse and neglect, then, can be attributed to the intentional or neglectful behavior of the parents.

In addition to their mental and general health conditions, the files give some information on the kinds of social relations sustained by the migrants, thus revealing a peculiar sociopsychological environment.

TABLE 15

DOMESTIC DECISION-MAKING AND POWER

Q: Who makes the final decisions at home?	Number	Percent
A: Husband	32	27
Wife	14	12
Both	39	33
Homes headed by a female (widowed, separated, deserted or divorced)	33	28
TOTAL	118	100

A clue to understanding the quality of intra-familial relationships is provided by the variable of domestic decision-making and power. According to Table 15, the migrant group under study is far from being characterized as partriarchal. In the group, 28 percent of the families were headed by a female because of a broken home situation: widowhood, separation, desertion or divorce. In 12 percent of the cases the wife appeared to make the main decisions at home because she probably was more resourceful than her husband. It was indeed surprising to discover that in 33 percent of the cases, husband and wife made the main decisions jointly, in an egalitarian fashion. In only 27 percent of the cases was the husband the dominant figure. These are significant findings in as much as they contradict current stereotypes about poor Mexican-Americans.

The fact that most Mexican American migrant women work alongside their husbands to provide for their families, in addition to influences by the civil rights movement, may have contributed to produce a growing egalitarian trend in their homes. This new emerging situation certainly departs from tradition but it is in accordance with similar research findings on the composition of the contemporary Mexican American family in general (Berrios 1979).

TABLE 16

EXTENT OF FAMILY CONFLICT

Kind of Conflict	Number	Percent
Husband-Wife frequent bickering	3	2.5
Parents-Children frequent conflicts (mainly disciplinary)	28	23.5
Family conflict leading to cycle of neglect by head of household	5	4.2
No family conflict reported	83	69.8
TOTAL	119	100.0

The files yield little information on the extent of family conflict, but even then the data need careful interpretation as the facts do not speak for themselves. Table 16 shows the different kinds of conflicts, and their proportions, besetting the families under study. The information refers to the kinds of conflicts that prompted the opening of each particular case; it does not imply that the families were free from other kinds of troubles. For instance, the caseworkers identified only 3 families in which their most salient socio-psychological characteristic was the constant husband-wife bickering and quarreling that tended to weaken family cohesion and disrupt concerted action for service delivery. The 3 families had other interpersonal problems as well, and these were recorded, but it was necessary to isolate one main problem per family in order to plan a suitable counseling program. Notice that the predominant kind of conflict was between parents and children (23.5%). These conflicts were mainly disciplinary, generally involving teenaged children, who exhibited truancy, delinquency, running away, etc. In 5 cases, the interpersonal conflict led to a veritable cycle of family neglect by the head of household; that is, the father tended to abandon his family for a while, but then returned and assumed his role of provider for a while, then abandoned his family again, in a kind of discomforting regularity. These cases of abandonment were different from those of separation (11.81%) and desertion (1.57%) If 70 percent of the cases did not report intra-family conflicts, it was very likely because attention was directed at the time to more urgent socio-economic rather than socio-psychological concerns.

How vulnerable are poor Mexican-American migrants to family break ups? The answer to this question has two dimension – the marital and the familial.

The high level of environment stress to which most migrants are subjected is having a disruptive impact on marital stability and family cohesion. About one-third of the families in the group were unstable due to divorce, separation, desertion, or widowhood (see table 3). Some broken families were able tc prevail in adversity, but others were seriously disrupted. Yet, although there are no comparative figures, the proportion of Mexican American migrant families actually disorganized because of marital instability seems to be lower than expected given their environment of privation.

But the unity of some migrant families was adversely affected by situations other than marital instability. The following critical incidents were isolated: death of one or both parents, abandonment of children by one or both parents, run-away children, father in jail, head of household job-

related absence from home, teenage pregnancy and children in foster homes. Some of these incidents only threatened family cohesion and some others actually damaged the unity of the family, but all of them impeded the normal functioning of the family as a whole. The proportion of migrant families suffering from marital and/or familial instability, although disturbing, was not alarming. About 42 percent of all the cases (out of 131 files examined) reveal a broken home situation or a serious unstable situation. The remaining 58 percent of the cases did not report any grave disturbance to the family unit at the time of service delivery. These families were presumably functioning normally, even though in need of public assistance.

The following cases illustrate the kinds of family disorganization emerging out of a depressed environment:

- The R family has four children and the father is unemployed. The children were in need of clothing and shoes, and emergency food assistance. The children are with the father now. Mother left her children and she hasn't returned back. Father is having problems with one of the oldest boys. Children are underdeveloped.

- Girl, 5, lives with grandmother. Her parents live in Florida and had made no effort to claim their daughter. Grandmother says she is too old to take care of the girl and she is afraid that after her death no one will take care of her granddaughter

- Father, widower, is rarely at home. Daughter, 16, is in charge of the home with ten children. House is clean . . . Girl is not attending school due to homemaking. Boy, 8, still not attending school . . . Several attempts were made to motivate Mr. G to improve his family situation; however, Mr. G remains unconcerned and unimpressed by our efforts. He also remains uncooperative . . . Mr. G probably drinks heavily.

- A family with 6 children is headed by a female, and is in great need for a better shelter. Present home is very small. House is not properly weatherized, has roof leaks and some broken windows . . . Boy, 2, had two operations. There is a possibility that two girls 12 and 14, are pregnant . . . Family situation has improved after TMC helped by providing counseling, window panes and relocating the family to a new home. The teenaged girls got married.

Although the Mexican American culture emphasizes close ties between the nuclear and extended families, most of the migrants of the group under study did not enjoy such reassuring relationships. Although expressive relations with the kin group were generally maintained, the occupational transiency of most families prevented them from reinforcing those ties with instrumental commitments. It seems that few migrant families had relatives living with them in the same community, and when they did, relatives were not necessarily the first resource to draw in time of need. Table 17 indicates that only 4 percent of the families sought help from relatives, while 13 percent of the families tried to solve their problems by drawing upon their own resources. However, 79 percent of the respondents said that they went exclusively to social agencies when they needed help.

TABLE 17

RESPONDENTS' SEARCH FOR HELP DURING PERSONAL AND FAMILY CRISIS

Sources of Help	Number of Cases	Percent
Immediate family	19	12.7
Extended family	6	4.0
Friends and neighbors	1	0.7
Social service agencies	119	79.3
None	5	3.3
TOTAL	150	100.0

It is likely that the above information does not reflect the whole picture of the migrants' extent of their instrumental ties with their relatives and friends. Some respondents may not have mentioned all of their sources of help, particularly the aid provided by their relatives in order to first secure public assistance. But even if they did, whatever little help they received was more in the area of personal services than in the sharing of their meager economic resources.

TABLE 18

RESPONDENTS' INTERACTION WITH EXTENDED FAMILY

Frequency	Number and Percent
Often	33
Sometimes	26
Never	41
TOTAL	100

Nevertheless, Table 18 indicates that the group of migrant families shows a degree of isolation from their extended families that goes counter to cultural expectations. In effect, only one-third of the respondents said that they often interacted with their relatives (e.g., phone calls, visits, common activities), and one-quarter of the respondents said that they sometimes saw their relatives. However, two-fifths of the respondents said that they "never" interacted with their relatives. No

reason was recorded, but it is likely that the extended family was not living in the same or nearby communities. Many of the narratives revealed that few families enjoyed the emotional support from kin. Significantly, most of the families were also isolated from their neighbors.

The overall impact of these socioeconomic and sociopsychological circumstances had a devasting effect on some families, as illustrated in the following cases:

- A, 21, is handicapped. He has been in a wheelchair ever since he suffered a car accident three years ago. He has been referred to several agencies for physical and mental treatment. A's younger sisters and mother cannot tolerate any longer his aggressiveness and meanness and they would like A to rehabilitate himself. A's sisters are scared of him and might end-up running away from home. They are also afraid that he might abuse them sexually.

- Mrs. M, 22, married, has one child but also is in charge of her six younger brothers and sisters. Mrs. M referred an alleged child abuse case concerning her brothers and sisters. Accordingly, her father, who is in Mexico was mistreating her brothers and sisters: beating them, abusing them sexually, and even chasing them with a gun. Mrs. M is presently in charge of her brothers and sisters here in Carrizo Springs and is afraid that her father might come over from Mexico and take the children away from her.

- The Ns are a family with seven children. They live in filthy, crowded conditions. Two of the boys are not in school. One boy, 2, is mongoloid. Boy, 12, had second degree burns in his forehead, nose and eyelids, and first degree burns in his shoulder; yet mother did not take him to the doctor. It was allegedly an accident with hot water . . . Family plans to migrate up north . . . After receiving help, the family moved to a new trailer house. House is clean now.

- Six children of the C family are cared for by aunt and uncle, after mother abandoned them. Father is in a T.B. hospital. One boy, 7, is hydrocephalic. Children tend to skip school. Continued casework needed to help the family with the physical and emotional care of the children. Aunt works 12 hours a day . . . Children are happy with their aunt and have grown to think of her as their mother since their real mother abandoned them. . . Family is functioning well after counseling; except oldest girl who doesn't want to attend school.

- The M family has 13 children and live in crowded conditions. There is medical neglect of many members of the family; also, not all children are attending school . . . Father is an alcoholic. Oldest son is in jail. Children are left alone unattended. One child has meningitis. One child, 3, has epilepsy and has constant attacks; he is not receiving any medication. One child was found abandoned in Piedras Negras.

In some cases even when the families were based on stable marital relationships, circumstances beyond their control tended to disrupt their normal functioning, as illustrated in the following note:

> ■ Family is having medical problems with girl, 6, and boy, 11. Children are in need of hygiene and clean clothing. House has no running water . . . Mother does not seem to be fully aware of her role as a parent due to ignorance. But otherwise the family is based on a stable marriage. There is a warm relationship between husband and wife . . . Boy was hit by a car. Family faces a large medical bill. Father left to California to work.

In general, the depressed social environment of most migrants constitutes the breeding ground for the incidence and prevalence of child abuse and neglect.

CHILD ABUSE AND NEGLECT

Child abuse and neglect does not seem to be a *salient* problem for Mexican-American migrant workers. It is not that this population is immune to this social pathological conditions, nor that migrants are indifferent to their children's suffering; rather, it means that migrants tend to consider child abuse and neglect as a problem of a lesser magnitude compared to their concern for the satisfaction of their vital needs. In effect, the needs of migrants are immediate and very basic. Foremost in their scale of vital concerns are employment, adequate food, housing, and clothing. Other problems, e.g., medical attention, children's school attendance, transportation, etc., although pressing, can wait. For instance, many migrant families solve their health problems by taking home remedies or visiting a curandero, going to a doctor only in critical situations. Also, although migrants value formal education, allowing the children to attend school rather than helping their parents in the fields, may appear to some migrants as a luxury rather than a necessity of life. In general, although most migrants are certainly concerned about the problem of child abuse and neglect, their definition of this situation may not coincide with the formal definition advanced by the service professionals.

Nevertheless, the problem of child abuse and neglect among migrants is there. The migrants of the group under study recognized its existence. Although already burdened with other concerns, most clients admitted that child abuse and neglect was a confusing problem for them, something that brought them guilt and shame. The confusion arose from the fact that both *intentional* and *situational* factors accounted for the incidence of child abuse and neglect, although the migrants were often unable to articulate this difference. In fact, some clients were in situations for which they had little or no control but that none the less eventuated into instances of child abuse and neglect. Once admitted, the problem represented for many an uncomfortable predicament since the Mexican American culture puts a high value on the integrity of the family.

In general, it is difficult to ascertain the incidence of child abuse and neglect in any given population, and the migrant group under study is no exception. The difficulty resides in the fact that information about cases of maltreatment of children in the general population usually come from reports either by agencies such as hospitals and the police or by family members. However, in the present study the data are based on the reports written by the caseworkers who had direct contact with the clients in their own social environments. Although the reports reflect the caseworkers' perceptions on child abuse and neglect, in many instances such perceptions were

confirmed by other service professionals (e.i., doctors, counselors, therapists, policemen, etc.) who also had direct contact with the clients. There is no reason to question the reliability of the reports. Nevertheless, the findings should be taken with caution as they refer to rough estimates of child maltreatment among migrants.

Analysis of the data tends to confirm the caseworkers' general observation that Mexican-American migrants exhibit relatively low levels of child abuse per se; however, their economic hardships tend to make them more vulnerable to child neglect. Indeed, this general observation is corroborated by the most recent nationwide study for which the closest comparative figures are available. In 1977, the American Humane Association conducted a national study on child abuse and neglect reporting, using a sample of 141,844 reports. Table 19 compares the finding of the A.H.A. study with those of the present study on the incidence of child abuse and neglect.

TABLE 19

INCIDENCE OF CHILD ABUSE AND NEGLECT COMPARING THE AMERICAN HUMANE ASSOCIATION'S NATIONAL SAMPLE WITH THE MIGRANT SAMPLE

	A.H.A. Study		Migrant Study	
	N=141,844		N=121	
	Number	Percent	Number	Percent
Abuse Only	46,838	33	19	16
Neglect Only	73,507	52	102	84
Abuse/Neglect	21,499	15	—	—
TOTAL	141,844	100	121	100

Original Source: "Highlights of 1977 National Reporting Data," The National Study on Child Neglect and Abuse Reporting, The American Humane Association, May 1979.

Although the sample sizes of the two studies are not comparable, the general trends may be. For instance, even when adjustments are made to bring the two sets of data into comparable terms,* the migrant group exhibits a lower incidence of actual child abuse than the national sample; roughly, the migrant group shows half the probable incidence of child abuse of the general population. However, actual cases of child neglect are considerably higher for the migrant group than for the general population; roughly, about half for the national sample as against more than four-fifths for the migrant group. These comparisons should be taken with caution as neither the migrant sample nor the A.H.A. national sample were selected at random. Both take into account only *reported* cases of child abuse and neglect occurring into the respective populations.

*The present study is based on a sample size of 193 cases; however, in order to make the comparison possible, the sample size was reduced to 121 because: (a) only actual, not potential, cases of child abuse and neglect were recorded, (b) cases that did not report incidences of child abuse and neglect were not included, and (c) the A.H.A. study used the category "abuse/neglect," but this study did not.

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The actual behavior of the migrant group as a whole with respect to child abuse and neglect is difficult to determine even with the best of reporting. However, a rough estimate of such behavior is given in Table 20 which refers to the actual and potential cases of child abuse and neglect as well as to the severity of the actual cases.

TABLE 20

SEVERITY OF CHILD ABUSE AND NEGLECT
AMONG MIGRANTS AS RECORDED BY CASEWORKERS

	Number of Cases	Percent
ABUSE		
Potential	3	1.55
Mild	10	5.18
Severe	9	4.66
NEGLECT		
Potential	50	25.91
Mild	61	31.61
Severe	41	21.24
NO REPORTED ABUSE/NEGLECT	19	9.84
TOTAL	193	100.00

When the behavior of the whole group is taken into consideration, the data shows that less than 10 percent of the parents actually abused their children, while actual neglect was detected in 53 percent of all the families. However, 27 percent of all the families were simply classified as having the potential for possible child abuse and neglect, while 10 percent of all the families did not appear to have this problem, either actual or potential.

The files identified the most prevalent types of child abuse and neglect occurring in 121 families, out of 193 cases. Table 21 shows the results of A.H.A. national study and the rough estimates on child maltreatment of the migrant study.

The two studies are based on rough estimates, as the determination of what constitutes minor or major injuries, for instance, is a problem of definition. Nonetheless, the percentage distribution of the types of child abuse and neglect for the two samples provides some clues for an understanding of the migrant life situation. The data suggests that, with regard to types of child abuse, there are not significant differences between the migrant group and the A.H.A. national sample. It is in the proportion of certain types of child neglect that two samples differ.

TABLE 21

PERCENTAGE DISTRIBUTION OF TYPES OF CHILD MALTREATMENT COMPARING THE AMERICAN HUMANE ASSOCIATION AND MIGRANT STUDY

Type	A.H.A. Study	Migrant Study
	N=115, 184	N=121
Minor Physical Injury	12.8%	9.91%
Major Physical Injury	1.7	2.48
Burns, Scalds	1.0	0.83
Sexual Abuse	3.7	2.48
Physical Neglect	46.9	32.23
Emotional Neglect	16.9	5.79
Medical Neglect	5.9	24.79
Educational Neglect	5.4	21.49
(Other?)	5.7	
TOTAL	100.0%	100.00%

Original Source: "Highlights of 1977 National Reporting Data," The National Study on Child Neglect and Abuse Reporting, The American Humane Association, May 1979.

Some cases of child abuse have been illustrated above. Additional instances of abuse are given in the following notes:

- The R family has 3 children. Baby boy, 6 months old, has severe dehydration . . . Mother said that she has abused her children and at one time tried to strangle her oldest child who she claimed was unwanted. She is getting help at MHMR but needs other kinds of help.

- Father wants to better himself and wants the best things for his family, but he needs a job and other services. Girl, 4, had heart operation. Boy was placed at a reformatory school by his father. Children seem to be normal and healthy, poor but not neglected. . . Father likes to drink . . . Father beats wife and children when he

is drunk . . . After counseling: father's problems with son are over. Father does not beat wife and children anymore.

- Boy beaten up badly; had marks on his back. Family (with 5 children) moved to Indiana.

The most dramatic cases of child maltreatment pertain to sexual abuse. The files record 1 "possible" and 3 actual cases of sexual abuse, as described in the following notes:

- Family with 6 children needs financial assistance for medical services . . . Daughter, 16, is pregnant and it seems that her stepfather is responsible. Stepfather left and his whereabouts is unknown. Family does not want to press charges . . . Family is staying with relatives of the mother's husband. They have a hard time financially.

- Mother with 13 children share a four-bedroom house with 13 more people who are relatives, a total of 26. Father is in prison in Oklahoma convicted of rape of his own daughter and another daughter from a previous marriage . . . Relatives gave $500 to the mother for her husband's release from prison. Husband is now free but mother spent the money on groceries. Relatives do not want to move out until she returns the money.

- Mother has been neglecting her 4 children, leaving them without supervision while she worked in the fields. Family lives in a shack and needs transportation . . . Child Welfare has referred mother for parenting skills, and daughter, 7, to MHMR for counseling due to abuse received. Child does not talk to mother. (The reason may be traced to the following traumatic incident): Father is serving a prison term for raping a 6 year old girl, a friend of his daughter's, 7. He has been in a mental hospital previously. The wife is not happy with the marriage; however, she would not consider leaving her husband . . . Daughter stopped talking to her mother after the incident. Mrs. C revealed that the incident developed as follows: One day her husband took their daughter M and a friend to school. On the way to school Mr. C stopped at an orchard and molested M's little friend. M saw everything and since then she has been receiving counseling at MHMR Center. Mrs. C stated that the other little girl was hospitalized for a couple of weeks at the time; however, she survived the incident.

The migrant group shows its distinctive character and life situation with the incidence and types of child neglect. The recurring theme emanating from the files is that most cases of child neglect were *situational*. That is, neglect was inexorably tied to the parental failure to provide for adequate food, clothing, housing, dental care, medical care, supervision, and school attendance. Emotional neglect usually accompanied other kinds of neglect, although in some cases it was isolated. In addition to general physical neglect (e.g., adequate diet, proper hygiene), the

most prevalent types of neglect were lack of supervision, medical neglect and educational neglect, as illustrated in the following cases:

- A young couple with 3 children had to hospitalize boy, 2 months old, due to dehydration . . . I inquired about what they did with the children when they went to work and they responded that at the present time they were leaving them with their aunt who is only 11 years old.

- Mrs. L, a widow with 8 children, informed me that she was pregnant. Her daughter, 15, takes Mrs. L's responsibilities, taking care of the children and supervising them most of the time. On most of my home visits I have usually spoken to the girl because her mother is hardly ever home.

- Four children found alone without supervision while parents were at work. They left even the baby, 3 months old, at home . . . After counseling they realized they should have not left the children by themselves, especially the baby. Since then, they have been taking good care of them.

In the cases of medical neglect, it is difficult to ascertain the point at which the neglect was intentional, or situational, or both, as illustrated in the following notes:

- Four of 8 children are deaf. Parents do not want the children to use their hearing aids all the time, as they cannot afford to buy batteries. However, after counseling, the parents consented to follow the doctor's advice.

- Child, 6, was born with a dislocated hip. She was operated on in Mexico when she was younger. Child does not complain of pain, only discomfort and not that frequent. Parents want a check-up for their daughter. They oppose the operation, even when available. They do not speak English.
- Baby had no prenatal care. Baby had taken little milk. It is a possible case of failure to thrive. Mother neglects medical services. Father left his wife and 5 children due to constant arguments. Family has neither food nor adequate clothing.

Cases of educational neglect depict one of the peculiar situations of poor Mexican-American migrants: children's irregular school attendance may be due as much to economic hardships as to possible sociocultural conflicts between the home and the school. Whatever the reason, educational neglect was high among the migrants, as described in the following notes:

- A and M, are 4 and 6 years old, respectively. They have been missing school alot. It is believed that the mother has been taking the children to the fields to work.

Parents have been taking their four children, aged 6, 4, 2, and 1 1/3, to the fields. The children lack proper child care . . . Family doing fine after counseling.

- Mrs. V, a widow with 4 children, is having financial problems and cannot afford to buy any clothing for her daughter A, 15. A refuses to attend school with the same clothes every day.

- Seven out of 9 children in the family need clothing. A, a girl of 15, skips school for lack of clothing. (The girl has shown a great deal of cooperation with caseworker). However, the principal sees her as rude, unreliable and a trouble-maker, something I have never seen in her. Her teacher is uncertain as to whether or not to promote A to the 9th grade or have her repeat the 8th grade. In spite of her grades being good, she has missed quite a bit of school and I fear that if she is retained that she will decide to quit school.

Although the intention in opening a case was to investigate alleged reports on the maltreatment of a particular child, in many instances other children in the home were also the victims of abuse and/or neglect. Some cases had the whole family as a kind of corporate client. In such a situation, it appeared that the family as a unit was being abused by force of circumstances and neglected by the rest of society. The following cases depict instances of multiple neglect:

- Mrs. M is separated from her husband and lives with her 6 children. She is either mentally retarded or has possible brain dysfunction. Husband is in jail. The house and the persons lack proper hygiene. The children show extreme and chronic neglect: they have lice, scabies, impetigo, and filth. Girl, 15, is disrespectful. One boy has severe dehydration. One child was placed in foster home . . . Mother has child by former husband. Now she lives with another man, father of 2 other children.

- Mr. D, 35, needs some kind of operation but refuses to have it done. The 7 children in the family are neglected: they appear dirty and have poor clothing. Boy, 17, is not attending school. Another boy, 13, is in need of glasses. One boy is homosexual. Girl, 10, has severe infection on both legs and parents do not seek medical help. Girl, 6, needs to be placed in Headstart. The home presents a very deplorable environment. It is overcrowded. Children are left alone, without supervision. Parents need sustained counseling.

- All 5 children were removed (from widowed mother) by D.P.W.'s Child Protective Service workers due to severe malnutrition and neglect. Children were placed in a foster home and will stay there until the age of 18. Major complaint by client about social service agencies: "Just won't let me see my kids that were taken away from me."

Although contemporary research on child abuse and neglect points out that many are the causative variable that account for this socio-pathological condition, this study has tried to isolate only the salient *social* and *psychological* factors that lead to child maltreatment with reference to the peculiar situation of Mexican-American migrants. In general, deplorable social environments coupled with parental inability to cope with particular situations tend to precipitate a series of *family crises* that usually lead to child abuse and neglect. Among migrants, the added factor of *transiency* tends to accentuate and stimulate the recurrence of family crises conducive to child maltreatment. However, the *Mexican-American culture*, with its emphasis on strong family ties most likely contributes to lessen the impact of disruptive social environments. The incidence and prevalence of child abuse and neglect among Mexican-American migrants are higher among those families that have been geographically and socially *isolated* from their relatives, friends, and neighbors.

In effect, the following social variables are usually associated with family crises conducive to child abuse and neglect: unemployment; inadequate food, medical attention, transportation and schooling; low quality housing and overcrowdedness; broken home; alcoholism; transiency; social isolation and inadequate economic resources in general. These variables rarely manifest themselves in isolation; most often they tend to form a veritable complex of factors that constitute social environmental stress. In turn, social environmental stress tends to precipitate family crises that usually lead to child abuse and neglect. Although the *degree of association* between social environmental stress and child maltreatment could not be determined from the data at hand, analysis of the files revealed that whenever instances of child abuse and neglect were detected, at least one of the social stressful factors was invariably present. Nevertheless, it appears that social environmental stress is a necessary but not a sufficient condition for the manifestation of child abuse and neglect.

Critical to the occurence of child mistreatment is the psychological make-up of the parents. In this study, the following parental psychological characteristics were often found associated with child abuse and neglect: immaturity, negative self-concept, and lack of mothering skills; mental illness and inability to cope with stressful situations; marital conflict, wife abuse, and misplaced abuse of children; unwanted children; deficient home management, and inability to use the help of others. The files reveal no cases of child mistreatment because of high parental expectations on the child's performance. However, there was one case of an unwanted child, a rare occurrence among Mexican-Americans. A conspicuous personal factor frequently associated with child maltreatment was how the parents themselves were reared. If the parents were abused when they were children, they were most likely to continue the cycle of abuse with their own children. The following case illustrates the traumatic effect of most of these unsettling psychological factors occurring in one family:

> ■ The R family has 5 children. Mr. R has been known to have abused the children severely and has received psychological counseling at the MHMR Center in Edinburg, Texas. Mr. R has an inferiority complex and believes that he is a loser. He has no confidence in himself and appears to be a very frustrated man. He tends to take out his frustrations on his children. Mr. R dislikes his own parents and blames them for him being the way he is . . . Children appear disrespectful. They are constantly moving around and making noise. When mother tries to discipline them, they argue back. Children appear hyperactive. Father gets out of hand and beats them with his fist. He has confirmed doing this . . . (Family moved to

Michigan, TMC caseworkers followed them up). Mr. R said that his step-father had often beat him and was always telling him that R was "loco" (crazy) and "burro" (dumb). Mr. R recalled how he had witnessed his step-father beating up R's mother when he was 13 years old. Mr. R remembered trying to separate his parents, but his step-father struck him and told him to leave the house, which R did. The step-father told him not to return, and R being 13 at the time, ran away from home. For 3 years he wandered throughout the northern part of Texas and some places in Oklahoma until he was found and returned to his mother who was then living in Texas.

It is important to keep in mind that the conduct of these persons cannot be judged fairly without reference to their environment of privation.

Violence tends to breed violence. Often child abuse is a spill-over effect of wife abuse. Also, child abuse is often a consequence of misplaced abuse by the victimized mother.

Although the incidence of wife abuse appears to be lower than the incidence of child abuse among the group of migrants, it could not be determined with precision from the data at hand since this information was incidental to the main concern on child maltreatment. The files mention three instances of violence among siblings and two cases of parent abuse and neglect.

Violence tends to be repetitive. It appears that families who had experienced violence were more likely to experience it again with the accentuation and recurrence of domestic crises. However, families caught up in a cycle of violence were not necessarily the victims of continuous disarray and unrelenting trauma. Rather, even the most dramatic cases reveal that such families moved up and down the continuum between abusive and non-abusive behavior.

There seems to be a relationship between child mistreatment and migrants' transiency, although the strength of such relationship could not be determined from the data at hand. However, analysis of the narratives strongly suggests that most neglect seems to occur during the in-stream season and most abuse when the nuclear family travels alone. Also, child maltreatment occurs more often in those families geographically and socially isolated from their relatives, friends and neighbors.

In summary, both social and psychological factors account for the incidence and prevalence of child abuse and neglect. In the case of families that are poor however, it is difficult to draw the line where one set of factors ends and the other begins. Most likely, both sets of factors work in intricated combination, although it is important to point out that these factors have different weights among different families and manifest themselves in different proportions at different times within the same family.

Among poor Mexican-American migrant workers it appears that the social environmental factors weigh more heavily than the personal factors in the generation of child abuse and neglect, as corroborated by the following observations. First, families integrated into their communities were more likely than isolated families to cope with their domestic crises despite their poverty. Second, most families showed remarkable resilience once the level of their social environmental stress was reduced; for instance, most abusive and neglectful parents regained their composure after receiving supplementary services and counseling. Third, the Mexican American culture appears as an intervening variable between social environmental stress and child maltreatment in that it tends to reduce or ameliorate the actual incidence and prevalence of child abuse and neglect. These empirical generalizations, however, deserve further elaboration and testing.

CHAPTER IV

Brief Assessment of Social Services

BRIEF ASSESSMENT OF SOCIAL SERVICES

In attempting to assess the quality and quantity of social services for migrant families, it is pertinent to briefly examine: (a) those social services designed to help migrants in general, (b) those services actually provided to the migrant group under study in particular, and (c) the nature of the helping relationship between the service provider and the client, with particular attention to the role of the TMC caseworker in the outline and implementation of the service plan. By this analysis, some lessons can be derived from the experimental Child Abuse and Neglect Prevention Project that the Texas Migrant Council sponsored during 1975 – 1978. There is no pretention that this analysis is exhaustive and conclusive; it only points to some of the possible strengths and weaknesses of the project with the aim of providing those social agencies serving migrants with some insights for more efficient and effective service delivery.

SERVICES FOR MIGRANTS

The quality and quantity of social services designed to help migrant families in general have been closely assessed in previous reports (Texas Migrant Council 1978, Porteous 1977, Cavenaugh et al. 1977, among others) and it will not be necessary to re-examine them here, although perhaps it would help to summarize their main observations.

In general, traditional service delivery institutions and methods are usually inaccessible and inappropriate for migrants due to the clients' peculiar life style. That is, the language barrier, cultural misunderstandings, discontinuity of services due to constant occupational mobility, actual or perceived discrimination, lack of transportation, bureaucratic red tape, lack of outreach programs,etc., all contribute to create a gap between the service provider and the Mexican-American migrant, even when services are available. But availability of services is not enough. In the case of migrants it is important to take into account also the factors of accessibility, acceptability, continuity, and underutilization of services.

Although there are a number of social services available to migrant families, some of them may not be accessible to all families. For example, many migrants are unfamiliar with the existing programs, and for those who know about the programs these may still be inaccessible because of lack of transportation or inconvenient hours of operation. In-stream migrants, for instance, cannot leave the camp for medical services without losing a day's wage. But even at the home base, some migrants may be deterred from requesting public aid due to actual or perceived discrimination in the community or cultural misunderstandings in the agencies.

A program may be available and accessible to migrant workers but not all requests for service are necessarily acceptable. The problem of eligibility for services is tied to residence requirements, waiting periods and verification of documents for which the migrants are in a disadvantageous position due to occupational transiency. For instance, many migrants are inelegible for Aid to Families with Dependent Children and even excluded from Medicare and Medicaid. Migrants do not have Workmen's Compensation Insurance. Most migrants, however, qualify for the Food Stamp program, and is therefore the most utilized service by this clientele.

The migrants' occupational mobility tends to preclude the continuity of service delivery. Few agencies are willing to share their files with other agencies serving in-stream migrants. For instance, it is difficult to trace the health condition of a transcient family as each agency may begin the same case afresh jealously keeping its own records. For this reason, TMC and other social agencies unanimously advocate a central registry and coordination of services for migrant workers. Texas, like all other states, has a central registry for cases of child abuse and neglect, but the effectiveness of such a service is yet to be assessed.

A general observation by caseworkers is that Mexican-American migrants tend to underutilize social services. Three factors contribute to foster this conduct: social class, ethnicity, and the labeling of migrants as "outsiders." Most migrants are poor but the service providers are by necessity middle class oriented. There is often the language barrier and cultural misunderstandings between Anglo service providers and Mexican-American clients. As "outsiders" many migrants feel that they are not welcomed in the communities where they work, and this sense of discrimination, whether actual or perceived to be so, tends to deter some migrants from requesting public aid. Added to these social and psychological factors is the plethora of bureaucratic requirements that are particularly stringent for transient people. Outreach programs served by bilingual-bicultural staff certainly help to correct these deficiencies.

Some federal legislation and funding aimed at helping poor families in general and migrants in particular, have been concretized in relief programs that have tended to reduce the migrants' level of social environmental stress. For instance, the Migrant Health Act, the Special Supplemental Food Program for Women, Infants and Children, the Food Stamp Act, the Fair Labor Standards Act, Title I-Migrant Education Program, Migrant Head Start, the Comprehensive Employment and Training Act, and the National Center for Child Abuse and Neglect, are the most popular programs. However, some of these programs require matching funds from states and counties, and are effective only if the spirit as well as the letter of the law are obeyed. Despite these efforts, there still remains the need for special programs that respond to the unique needs of Mexican-American migrant families.

THE CHILD ABUSE AND NEGLECT PREVENTION PROJECT

THE CHILD ABUSE AND NEGLECT PREVENTION PROJECT

From its inception, the efforts of the TMC Child Abuse and Neglect Prevention Project were directed at: (a) using the extended family in child placement, treatment and counceling reinforcement (b) provision of continuity of services between the home base and in-stream states, (c) provision of needed medical and therapeutic services, (d) complementing and acting as a referral agency for state mandated child abuse and neglect agencies, and (e) becoming a resource for state protective service agencies. The project accomplished satisfactorily all of these goals except the first one, since as this study shows, most of the nuclear families in need of assistance were actually isolated from their extended families.

The opening of a case followed definite steps. In most instances, what prompted outside intervention was a pressing family need (e.g., food, housing, transportation, etc.), but usually the family was suffering from other problems as well (e.g., medical attention, clothing, school attendance, etc.). However, in some cases, families only needed a specific service to help vent a temporary crisis (e.g., mother's absence from home during hospitalization), the family being capable of managing on their own otherwise. There were, then, temporary and recurring problems, simple as well as complex, and the corresponding need for specific services.

Once a case was identified, the caseworker developed an action plan or program of service delivery. The typical plan is illustrated by the following case of a family with 7 children who were suffering from situational neglect.

PLAN

1. Homemaker services.
2. Home management training to help the family develop a budget.
3. Provide clothing for the children.
4. See how to implement the city ordinance that the family needs the water lines and sewer system put in the house.
5. Implement medical attention of the children.
6. Family planning.
7. Train parents in household supervision.
8. Counseling Mrs. A in order to improve her attitude of trusting her husband.
9. Make Mrs. A aware of the importance of the children's personal hygiene.
10. Issue a food voucher to the family.

Most cases required a multiplicity of services and coordination of efforts with other agencies.

Table 22 lists the main goals set up for each case and the proportion of cases actually served. The services provided were classified into three categories: (a) *preventive*, when there was no reported incident of child abuse and neglect but the family was perceived to be under social environmental stress that could lead toward child maltreatment; (b) *supplemental*, when actual incidents of child abuse and neglect have occurred and efforts were made to assist families in meeting their basic needs with the hope of reducing social environmental stress, and reinforcing family integrity through sustained counseling; (c) *substitutive*, when severe cases of child abuse and neglect have occurred that required the intervention of Child Protective Services through the courts, the termination of parental rights, and the placement of the children in foster homes or residential institutions.

The majority of the services offered were supplemental in nature (87%), with counseling as the resource most frequently used (66%). Only 4 cases required substitutive service. Although there

TABLE 22

GOALS FOR EACH CASE – MAIN PROBLEMS

	Number	Percent
PREVENTIVE		11.53
Help to search for a job	15	
Homemaker service	4	
Food (Emergency Assistance Prog.)	3	
Needs Interpreter	3	
"Needs money to travel north"	2	
"Needs help to reunite family"	1	
"Needs help to locate runaway children"	2	
Requests counseling at own initiative	1	
Needs help to continue education	1	
Legal aid to prevent eviction	2	
SUPPLEMENTAL (In-Home Service)		87.12
Medical assistance	62	
Financial problems	50	
Food (Emergency Assistance Prog.)	12	
Housing Assistance	28	
Needs transportation	15	
Needs clothing	11	
Mental Health Assistance	6	
School Attendance	5	
Day Care Service	2	
Counseling to prevent recurrence of child maltreatment	66	
SUBSTITUTIVE		1.35
Foster home	2	
Institutional placement	2	
TOTAL	295*	100.0

*NOTE: The number of cases go beyond the number of total families (193) because some families needed assistance in more than one area of service. The table reflects the frequency of main problems confronted by migrant families.

are no comparative figures, this number seems to be low and conforms to the expectations of the Mexican American culture, whereby custody of children may be voluntarily granted to relatives rather than to foster home or residential institutions. Some cases were simply preventive (11.5%) in the caseworkers' best estimates. The Food Emergency Assistance Program that issued food vouchers to needy migrant families was a resource all of its own. The table by no means reflects the actual frequency of food vouchers issued, as many migrant families requested the service without the necessity of opening a case. The Food Emergency Assistance Program may have well prevented the recrudescense of child neglect in some recipient migrant families.

Table 23 lists the names of the agencies most frequently visited by migrant families, and the ranking of such agencies in terms of the actual services rendered to the group of migrants under study. The majority of the families (64%) visited more than one agency, as indicated in Table 24.

TABLE 23

NAME OF AGENCIES VISITED BY THE RESPONDENTS

	NUMBER	PERCENT
Texas Migrant Council	85	32.57
Department of Human Resources	50	19.16
Health Clinic	30	11.50
Immunization Clinic	18	6.90
Family Planning	10	3.83
Food Stamps	10	3.83
Texas Rehabilitation Commission	6	2.30
Southwest Migrant Clinic	5	1.92
Social Security	5	1.92
Hospital	5	1.92
Mental Health and Mental Retardation	4	1.53
Head Start Center	4	1.53
TB Clinic	3	1.15
Texas Commission for the Blind	3	1.15
Catholic Charities	3	1.15
W I C	2	0.77
Aid to Families W/Dependent Children	2	0.77
Easter Seal	2	0.77
Legal Aid	2	0.77
Ruthe Cowl Rehabilitation Center	1	0.38
Housing Assistance Program	1	0.38
Salvation Army	1	0.38
Su Clinica Familiar	1	0.38
A C C E D C	1	0.38
C S A	1	0.38
CPS	1	0.38
C F	1	0.38
C H	1	0.38
A T C	1	0.38
M A	1	0.38
R C R	1	0.38
TOTAL	261*	100.00

*NOTE: The number of families visiting social agencies go beyond the total number of families for the group (193) because some families visited more than one agency.

TABLE 24

NUMBER OF AGENCIES VISITED BY THE RESPONDENTS

Agencies Visited	Number of Families	Percent
One	48	36.0
Two	50	37.0
Three	18	13.0
Four	10	7.0
Five	5	4.0
Six	2	1.5
Seven	2	1.5
TOTAL	135	100.0

ROLE OF THE CASEWORKER

The effectiveness of many programs of service delivery often depends upon the quality of the helping relationship between the provider and the client. The caseworker is a catalyst for change and his/her work often makes the difference between dependence of the client on public assistance and self help. From its inception, the strategy of the TMC Child Abuse and Neglect Prevention Project was to intervene constructively to improve the home situation, thus averting the recrudescence of family crises conducive to child maltreatment. It appears that, within the limits of the resources at hand, the caseworkers measured up to this expectation.

The task of the caseworker was facilitated by the support that he/she generally received from the clientele. Rapport and sympathetic understanding are certainly essential in any helping relationship, but in the case of poor Mexican-American migrants rapport became a significant variable that often determined the outcome of the service plan. This is so because Mexican Americans are a sensitive people, ready to defend their domestic privacy from bureaucratic intruders. Even among the oppressed, the home becomes the sanctuary from a hostile world, the place where they regain their dignity and self-respect, and it is therefore not easily accessible to outsiders unless these demonstrate genuine respect and consideration for the family as a unit. Caseworkers motivated to help were able to sustain in their clients the same motivation for self-improvement. For instance, some parents worked hard in the implementation of the service plan in order not to disappoint the caseworker for whom they showed respect, even affection. But some files also show that when a case was temporarily closed, the very same family that had initially shown marked improvements, reversed to its previous state of disorganization. The caseworkers knew that they could enter the Mexican-American home only through the doors of rapport. Undoubtedly, the caseworkers' bilingual-bicultural background facilitated the process of communication.

The prevention and treatment of child abuse and neglect cases required the cooperation of several agencies and the TMC caseworkers performed well their roles as coordinators of social services. They also performed the roles of counselors, and they trained the parents in basic skills (e.g., parenting, home management, use of community resources, etc.). In many occasions, the caseworkers arranged for medical appointments and even provided transportation for their clients. Some caseworkers were willing to go the extra mile to locate transient families in order to continue with the counseling plan. Some caseworkers demonstrated remarkable patience in dealing with

recalcitrant parents. Some cases reveal situations that come close of being classified as "miracle" works. It appears that the TMC caseworkers performed their tasks in both a professional and humanitarian manner.

Since the files were written by the caseworkers themselves there is the possibility that at least some aspects of the narratives may have been embellished in order to present themselves in a favorable light. But this self-serving attitude is discarded when it is recognized that the files depict not only successful cases but also obvious failures, bureaucratic blunders and red tape. The reliability of the reports was tested by cross-tabulation of critical data in the same file, by the documentation from other agencies working in the same case, and by close supervision. Overall, it appears that the TMC's Child Abuse and Neglect Prevention Project achieved its main objectives.

CHAPTER V
Conclusions

CONCLUSIONS

1. There are no panaceas for the identification, prevention and treatment of cases of child abuse and neglect.

2. Child abuse and neglect is a multidimensional problem. Socioeconomic situations, cultural idiosyncrasies, and personal histories are all intertwined in the explanation of child maltreatment.

3. The group of Mexican-American migrants under study exhibits both internal heterogeneity (e.i., all cases are unique and personal) and external homegeneity (when compared with other social and ethnic groups). Despite the fact that Mexican-American migrants share the same cultural and similar socioeconomic situations, they exhibit a wide divergence in personality characteristics and social behavior.

4. In general, deplorable social environments, coupled with the parental inability to cope with stressful situations, tend to precipitate a series of family crises that usually lead to child abuse and neglect.

5. It appears that social environmental factors weigh more heavily than psychological factors in the generation of child abuse and neglect. Child mistreatment seems to be more the result of social deprivation than the result of psychological depravation.

6. Transiency, due to occupational necessity, tends to accentuate the incidence and prevalence of child abuse and neglect among migrant workers.

7. Among migrants, it is likely that most neglect occurs during the in-stream season and most abuse when the nuclear family travels alone.

8. Families that are integrated in their communities are more likely than isolated families to cope with critical domestic situations despite their poverty.

9. It appears that the Mexican American culture, by emphasizing family cohesion and support, works to ameliorate the disruptive impact of social environmental stress, thus reducing the incidence and prevalence of child abuse and neglect among Mexican-Americans.

10. Traditional, "stationary" services geared to serve a sedentary population, are not generally useful to transient people. Mexican-American workers need social services that respond to their unique needs.

CHAPTER VI

Recommendations

RECOMMENDATIONS

1. It is imperative to continue the advocacy of adequate legislative provisions to serve migrant families better, particularly removing some stringent eligibility requirements and waiting periods.

2. Agencies serving Mexican-American migrants should include bilingual-bicultural personnel in their staffs. Also, it would be helpful to train former migrant workers are service providers of migrants.

3. For agencies serving Mexican-American migrants, it is essential to maintain a continuous record-keeping system.

4. An effort should be made to create more outreach services for migrants.

5. Agencies serving Mexican-American migrants should explore alternative helping systems in service delivery. For instance, there are some informal community resources available in the barrios (e.g., compadres, curanderos, voluntary associations, respected persons in the community, neighborhood councils, etc.) that could be put to use in the prevention and treatment of child maltreatment.

6. In order to serve Mexican American families better, it would be necessary to develop methods that will strengthen the role of the extended family in the prevention and treatment of child abuse and neglect.

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